

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>-</u>

Office Use Only



FILEU

16 FEB 29 ::: 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/29/16--01012--001 **125.00

RECEIVED
BEFARTHENT OF STATE
16 FEB 29 AM IO: 1.5

FEB 2 9 2016

T SCHROEDER

CORPORATE ACCESS,	When yo	ou need ACCESS to the world
INC.	236 Ea P.O. Box 37066 (32315-706	st 6th Avenue. Tallahassee, Florida 32303 66) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
	7	WALK IN
	PICK UP:	2-29-16
CERTIFIEI	COPY	
РНОТОСО	PY	
□ cus		
FILING		LLC
(CORPORATE NAM	and Ray'S ME AND DOCUMENT #)	Verfures, LLC
(CORPORATE NAM	IE AND DOCUMENT #)	
(CORPORATE NAM	IE AND DOCUMENT #)	
(CORPORATE NAM	IE AND DOCUMENT #)	16 FEB
(CORPORATE NAM	IE AND DOCUMENT #)	ECEIVED 29 AH IO:
(CORPORATE NAM	IE AND DOCUMENT #)	5 🗮

1.

2.

3.

5.

6.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nancy and Ray's Ventures, LLC	
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
LE II - Address:	
iling address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1875 County Road 29	P O Box 211
Lake Placid, Fl 33852	Lake Placid, FL 33862

Name

1875 County Road 29
Florida street address (P.O. Box NOT acceptable)

Lake Placid FL 33852

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

FILED

16 FEB 29 ::: 12: 57

SEGRETARY OF STATE
TALLAHASSEE ETAME.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Ray W. Worley
	1875 County Road 29
	Lake Placid, Fl 33852
AMBR	Nancy Worley
	1875 County Road 29
	Lake Placid, FL 33852
<u> </u>	
EV: Effective date, if other than the date ective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
of filing.)	ecific and cannot be more than five business days prior to or 9 neet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective date, if other than the date extive date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed any false.	neet the applicable statutory filing requirements, this date will not of State's records.

Page 2 of 2

16 FEB 29 ::: 12: 57
SEGRETARY OF STATE